

**THE RETIREMENT SYSTEMS
OF ALABAMA**

INVITATION TO BID

For:

Printed Generic Statements

Agency Contact:

Edward Davis (334) 517-7130

Invitation to Bid No.: **09-011**

Mandatory Pre-bid Conference:

DATE: N/A TIME: 10:00 AM

Bids Must be Received Before:

DATE: March 23, 2009 TIME: 5:00 PM

Bids Will be Publicly Opened

DATE: March 24, 2009 TIME: 10:30 AM

TO BE COMPLETED BY VENDOR

INFORMATION IN THIS SECTION SHOULD BE PROVIDED AS APPROPRIATE. BID RESPONSE MUST BE IN INK OR TYPED WITH ORIGINAL SIGNATURE AND NOTARIZATION.

- 1) DELIVERY: CAN BE MADE _____ DAYS OR _____ WEEKS AFTER RECEIPT OF ORDER.
- 2) TERMS: _____ (DISCOUNTS WILL BE CONSIDERED IN THE BID EVALUATION AND WILL BE TAKEN WITHOUT REGARD TO DATE OF PAYMENT).
- 3) PRICES VALID FOR ACCEPTANCE WITHIN _____ DAYS.
- 4) VENDOR'S QUOTATION REFERENCE NUMBER, IF ANY: _____ (THIS NUMBER WILL APPEAR ON PURCHASE ORDER)
- 5) FEDERAL EMPLOYER ID. NO. (IF NO FEIN, ENTER SSN) : _____
- 6) E-MAIL ADDRESS: _____ INTERNET WEBSITE: _____

RETURN INVITATION TO BID:

REGULAR MAIL

RETIREMENT SYSTEMS OF ALABAMA
P.O. BOX 302150
MONTGOMERY, ALABAMA 36130-2150

COURIER

RETIREMENT SYSTEMS OF ALABAMA
201 SO. UNION STREET, SUITE 575
MONTGOMERY, ALABAMA 36104-4369

SIGNATURE AND NOTARIZATION REQUIRED

I have read the entire bid and agree to furnish each item offered at the price quoted. I hereby affirm I have not been in any agreement or collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding.

Sworn to and subscribed
before me this

COMPANY NAME

AUTHORIZED SIGNATURE (INK)

____ DAY OF _____, 20__

MAILING ADDRESS

TYPE / PRINT AUTHORIZED NAME

NOTARY PUBLIC

CITY, STATE, ZIP

TITLE

PHONE INCLUDING AREA CODE

FAX NUMBER

BID RESPONSE INSTRUCTIONS

- **READ ALL TERMS, CONDITIONS AND SPECIFICATIONS**
- Label your bid response envelope with the **BID NUMBER** and **OPENING DATE**. Bids not identified may be rejected.
- Submit your bid on time. **ALL LATE BIDS WILL BE REJECTED.** The Retirement Systems of Alabama assumes no responsibility for bid responses that are late due to the U.S. Postal Service, private courier service, or any other reason.
- **Bid responses must be signed and notarized. Signatures must be original, hand-written.**
- Bid pricing should be submitted on a pricing sheet(s) in a format consistent with the requested information.
- Any errors or corrections to a bid response should be initialed.
- **Delivery date may be considered a factor in determining an award.**
- The public bid opening will be held at 135 S. Union Street, 2nd floor Conference Room, Montgomery, Alabama.
- **STATE LAWS:** All bidders are responsible for compliance with all laws and Executive Orders and opinions of the Attorney General of Alabama before doing business with a State Agency.
- The Retirement Systems of Alabama is exempt from paying Federal Excise Tax, state and local sales tax.

The Retirement Systems of Alabama
ITB 09-011
for
PRINTED GENERIC STATEMENTS

PURPOSE: The purpose of this Invitation to Bid is to select a qualified vendor for the purchase of printed Generic Statements in accordance with the specifications, terms and conditions set forth herein.

PRICING: Bid price must include any and all costs associated with providing the specified product. No additional charges beyond those specifically delineated herein shall be allowed. Freight charges must be included in bid price.

BID AWARD: The bid will be awarded on an “all or none” basis to the lowest responsible bidder meeting all specifications, terms and conditions. RSA reserves the right to reject any or all bids.

REQUIREMENTS: The bidder shall be required to submit certification as required by the State of Alabama stating that the bidder is appropriately registered to collect and remit state and local sales, use and lease taxes on all its sales and leases into the State of Alabama. Accordingly, each bid submitted must include certification that the bidder is not barred from bidding for or entering into a contract under Act 2006-557 and that the bidder acknowledges that the RSA may declare any contract awarded from this ITB void if the certification completed by the awarded bidder is false (**certification attached**).

The awarded bidder will be required to complete a State of Alabama Vendor Disclosure Statement as required by Act 2001-955 (**copy attached**).

Vendors must submit with their bid a minimum of 200 sample forms to demonstrate that they will successfully print, fold and seal on RSA equipment. Forms must successfully print on HP LJ 9000 printers and successfully fold and seal on Moore PS-4 Turbo pressure sealing machines.

DELIVERY: Delivery terms are F.O.B. Destination, 201 South Union Street, Montgomery, Alabama 36104. The term F.O.B. Destination shall mean delivered and unloaded onto the receiving dock of the RSA Headquarters Building. All shipments must include a packing slip or invoice referencing the Retirement Systems of Alabama’s purchase order number.

DELIVERY TIME: **Delivery of Generic Statements must be made within 15 working days after notice of award.** RSA accepts deliveries Monday through Friday, 7:00 A.M. – 5:00 P.M., excluding State holidays.

QUANTITY: A purchase order will be issued for **400,000 Generic Statements**. **The Retirement Systems of Alabama will not be responsible for payment of any overages printed or delivered.**

BID OPENING: Bids must be received no later than 5:00 P.M., March 23, 2009. Bids will be publicly opened March 24, 2009 at 10:30 A.M. in the 5th floor conference room of the RSA Headquarters Building located at 201 South Union Street, Montgomery, Alabama.

SPECIFICATIONS:

8 ½” x 14” printed forms, perforated, “Z” fold. 28 lb. pressure seal paper (no exceptions). Adhesive must allow for a permanent seal and have a shelf life of at least one (1) year. Forms will be packed 2,000 per carton with four (4) inner poly wraps of 500 forms each, OR 1,000 per carton with four (4) inner poly wraps of 250 forms each. Instructions for handling forms will be inserted in the top of each carton.

A sample of the form has been provided with the Notice of ITB. **Successful bidder will be required to submit a hard-copy proof of form for approval prior to printing.**

**PRICE SHEET
ITB 09-011
PRINTED GENERIC STATEMENTS**

<u>Description</u>	<u>QTY</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Extended Price</u>
Generic Statement	400	M	_____	_____

TOTAL BID PRICE: _____

M = 1,000

Retirement Systems of Alabama

VENDOR CERTIFICATION

(Required by Act 2006-557)

ALABAMA LAW (SECTION 41-4-116, CODE OF ALABAMA 1975) PROVIDES THAT EVERY BID SUBMITTED AND CONTRACT EXECUTED SHALL CONTAIN A CERTIFICATION THAT THE VENDOR, CONTRACTOR, AND ALL OF ITS AFFILIATES THAT MAKE SALES FOR DELIVERY INTO ALABAMA OR LEASES FOR USE IN ALABAMA ARE REGISTERED, COLLECTING, AND REMITTING ALABAMA STATE AND LOCAL SALES, USE, AND/OR LEASE TAX ON ALL TAXABLE SALES AND LEASES INTO ALABAMA. **BY SUBMITTING THIS BID, THE BIDDER IS HEREBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ACT NO. 2006-557,** THEY ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-116, AND ACKNOWLEDGES THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.

I hereby attest that _____ is appropriately registered to
(company name)

collect and remit sales, use and lease tax on all its sales and leases into the State of Alabama and is not barred from bidding for or entering into a contract under ACT 2006-557. I hereby acknowledge that the RSA may declare any contract awarded from this ITB void if this certification is false.

Authorized Signature

Witness

State of Alabama

Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM:

ADDRESS:

CITY, STATE, ZIP

TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD:

Retirement Systems of Alabama

ADDRESS:

201 S. Union Street, Montgomery, AL 36104

334-517-7130

CITY, STATE, ZIP

TELEPHONE NUMBER:

This form is provided with:

☐ Contract ☐ Proposal ☐ Request for Proposal ☐ Invitation to Bid ☐ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

State Agency/Department

Type of Goods/Services

Amount Received

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

State Agency/Department

Date Grant Awarded

Amount of Grant

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

Name of Public Official/Employee

Address

State Department/Agency

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

Name of Family member	Address	Name of Public Official/ Public Employee	State Department/ Agency Where Employed

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

Name of Paid Consultant/Lobbyist	Address

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature	Date
-----------	------

Notary's Signature	Date	Date Notary Expires
--------------------	------	---------------------

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.